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Editorial

Complementary/alternative medicine in rheumatology—between negligence, ignorance and arrogance

Complementary/alternative medicine (CAM) is the 'in thing'. In the 1980s, if people mentioned their 'therapist' they were likely to refer to their psychoanalyst; today they probably mean their acupuncturist, aromatherapist, reflexologist or herbalist. 60–90% of rheumatological patients use some form of CAM to alleviate their symptoms[1]. In the U.S., total out-of-pocket, CAM-related expenditure was conservatively estimated at U.S. $27 billion in 1997[2]. Today it is likely to be even more. The boom in CAM is strongly supported by the media. U.K. newspapers, for instance, report significantly more often and more favourably about CAM than about issues related to orthodox medicine[3]. Perhaps as a response to patients' acceptance of CAM, rheumatologists have become more open to this subject and consider several CAM modalities as part of legitimate medical practice[4].

There is also no shortage of CAM books for lay people. We analysed a random sample of such books and demonstrated that adhering to the advice provided there could endanger the health of the reader[5]. Common sense and scientific evidence were often ignored to the point of negligence. We found that 131 different CAM modalities were being recommended for 'arthritis' in a selection of 7 popular CAM books; there was almost no consensus amongst these books as to when to use or avoid which treatments[6]. Everything seems to be recommended for anything. In the U.S.A., The Arthritis Foundation has published a patient guide that could seriously mislead patients with rheumatic conditions[7]. Essentially, this promotional text tries to convince its readers that CAM is an effective, gentle and safe alternative to orthodox therapies. Much of CAM-promotion rides on a wave of neglect of the scientific facts.

Negligence in CAM is supplemented with ignorance. An example is the recent statement that the efficacy of herbal medicines has not been established by rigorous trials[8]. The truth is that hundreds of randomized clinical trials (RCTs) of herbal medicines have been published and dozens of meta-analyses exist[6]. Ignorance is prevalent on both sides of the CAM divide. Prominent proponents of naturopathy, for instance, recommend a range of herbal remedies for rheumatoid arthritis for which no convincing trial data exist[9] while not mentioning other herbal medicines that are supported by sound evidence[6].

The unsavoury cocktail of negligence and ignorance is finally supplemented by arrogance. Many proponents of CAM still insist that science is inadequate to prove or disprove their therapeutic approaches. CAM, they claim, is too subtle, too individual or holistic to be submitted to the straightjacket of rigorous research. This view is as arrogant as it is incorrect. It can be shown to be false simply by pointing to research that incorporates scientific rigour while also allowing for the idiosyncrasies of CAM. But arrogance can also be found in the medical establishment, for instance, when it points out that research into 'alternative' medicine is sparse and weak while, at the same time, denying funds to change this situation[10,11]. In fact, the use of the term 'alternative' medicine is both incorrect and derogatory (CAM is almost exclusively an adjunct to orthodox therapies) and thus it is ignorant as well as arrogant.

The truth in this labyrinth of negligence, ignorance and arrogance is not always easy to identify. It can only be found by doing rigorous research. Evidence-based summaries of the known facts are now available and clearly show that CAM is neither the 'Holy Grail' nor a dead-end for patients with rheumatic disease[6]. Based on a systematic review of the literature, we concluded that the following CAM treatments for osteoarthritis (OA) were associated with promising results from rigorous RCTs: acupuncture, avocado–soybean unsaponifiables, chondroitin, devil's claw extract, glucosamine, green-lipped mussel extract, and willow bark extract. Furthermore, a recent multicentre trial of a ginger extract as an oral medication for knee OA demonstrated that it was significantly superior to placebo in alleviating pain[12]. Encouraging evidence also exists for several CAM therapies for rheumatoid arthritis: borage, evening primrose, fish oil, garlic, ginger, hypnotherapy, relaxation techniques, selenium, and thunder god vine[6].

The media wants us to believe that CAM is natural and therefore intrinsically harmless[3]. Yet virtually none of these therapies is risk-free. In particular, herbal medicines can interact with prescribed drugs or cause adverse effects due to the toxicity of herbal constituents[6]. The unregulated status of herbal supplements is often associated with substandard, even contaminated or adulterated products[13]. And even if a positive risk-benefit profile has been demonstrated, we still need to ask what the advantages of a given CAM treatment are comparable to existing orthodox therapies.

In CAM, there are thus more open questions than conclusive answers. The best way forward is to avoid negligence, ignorance and arrogance which so often seem to dominate the debate. Instead we should consider the interest of rheumatic patients. They want to know which CAM treatments alleviate their suffering and which are worthless. To answer this question we need to conduct (and fund) high-quality research.

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